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PATENT JUL 19

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	Group Art Unit: 2875
)	
Layne, <i>et al.</i>)	Examiner: Thomas M. Sember
)	
Serial No.: 09/917,205)	Confirmation No.: 8321
)	
Filed: 7/30/01)	Docket No.: 560301-1420
)	
)	
For: ASSEMBLY FOR A)	
WEDGE BASE TRACK LAMP)	
HOLDER)	

OFFICIAL

Certificate of Mailing

I hereby certify that this correspondence is
being sent via facsimile to Commissioner for Patents,
P. O. Box 1450, Alexandria, VA 22313-1450,
on 7/19/04.

Stephanie Bailey

RESPONSE AND AMENDMENT
TO THIRD OFFICE ACTION (FINAL)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

The final Office Action mailed May 19, 2004 (Paper No. 12) has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

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ATTN: Examiner Thomas M. Sember
Facsimile number: (703) 872-9319
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on 7/19/04

Stephanie Riley
Stephanie Riley

In re application of:	Bruce Layne et al.	Confirmation No.:	8321
U.S. Serial Number:	09/917,205	Art Unit:	2875
Filing Date:	July 30, 2001	Examiner:	Sember, T.
Our Reference Number:	560301-1420		
Title:	Assembly for a Wedge Base Track Lamp Holder		

Please find attached the following documents for filing with the U.S. Patent and Trademark Office:

Transmittal Form
Response and Amendment to Third Office Action (Final)

TOTAL NUMBER OF PAGES IN THIS TRANSMISSION - 14

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Layne, et al.**

Docket No.

560301-1420Serial No.
09/917,205Filing Date
7/30/01Examiner
Thomas M. SemberConfirmation No.
8321Group Art Unit
2875Invention: **Assembly for a Wedge Base Track Lamp Holder**

Commissioner for Patents
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 P.O. Box 1450
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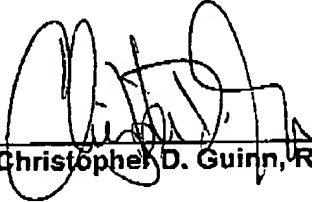
Transmitted herewith is Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	45 =	0	X \$9.00	\$0
INDEP. CLAIMS	3 -	5 =	0	X \$43.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
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- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



 Christopher D. Guinn, Reg. No. 54,142

 7/19/04
 Date